

Texas Youth Tobacco Awareness Program

Bureau of Chronic Disease Prevention & Tobacco Control

Texas Department of Health

1100 W. 49th St., Austin, Texas 78756

512/458-7402 or 1-800-345-8647

www.worthit.org

The Texas Youth Tobacco Awareness Program (TYTAP) is responsible for ensuring that Texas youth are able to complete a tobacco awareness course as mandated by the 75th Texas Legislature through the Texas Health & Safety Code, Sec. 161.253. TYTAP utilizes the Texas Adolescent Tobacco Use and Cessation (ATCP) curriculum. The ongoing growth of this program and long-term evaluation is the result of a collaborative effort between the Texas Department of Health, Texas A&M Health Science Center and the University of Houston.

The TYTAP facilitator training is now being offered through four regional instructor-trainers rather than through the program's central office in Austin. The training will be offered by experienced TYTAP instructors who can provide not only the knowledge about the course and youth tobacco abuse in Texas, but also the experiences of working with Texas youth as a TYTAP instructor. While this is a change from previous years, it is one that is being greeted with great anticipation.

Enclosed are the application materials for the TYTAP facilitator training. These materials may be duplicated if you wish to have more than one person considered for training. Regional instructor-trainers will screen applicants for acceptance into the training class. Notification of acceptance or non-acceptance of an application will be done by the regional instructor-trainers. Registration fees will be paid upon acceptance in a training class.

Selection for training is based upon these criteria:

- Non-tobacco user or tobacco-free for at least one year prior to application.
- Professional experience and/or training in the field of education, counseling, health education, psychology, social work or criminal/juvenile justice.
- Training and experience in adolescent education/counseling.
- Verbal communication skills (group presentations, lectures, etc.)
- No history of convictions for felonies or substance abuse related crimes
- Geographical need for instructors in a particular area

Those meeting the above criteria are encouraged to submit an application packet for this program.

Application packets **must** include the following:

- 1) Enclosed application form
- 2) Current resume
- 3) Signed affidavit of non-tobacco use and clear criminal history
- 4) Copies of certificates and licenses, etc., for verification purposes.

Persons submitting incomplete applications will not be considered for training.

You will be notified by the instructor-trainer regarding acceptance or non-acceptance into the program. If selected, you will receive information regarding the exact time, date and location of your training and where to submit the registration fee. Payment not received will result in the cancellation of your selection and/or certification. Participants or their sponsoring agencies/organizations will assume all responsibilities for fees, travel costs, lodging, meals, etc., during the entire training session.

The training will consist of a two-day training that will include classroom lecture, student teaching and a final exam. Those who successfully complete the training will have their applications, the results of their training and a letter of recommendation for certification sent to the TYTAP program at the Texas Department of Health for certification. TDH reserves the right not to certify an instructor applicant if TDH staff determines the applicant does not meet the standards set for TYTAP facilitators. If approved, you will

receive a certificate to present to your local judges to demonstrate your certification to conduct the TYTAP classes in your area.

Upon selection, training and certification, you will be required to follow the program protocol:

- The 8-hour program must be presented in 2-hour blocks on 4 non-consecutive days within a two-week period. This program must be delivered in this manner and cannot be condensed into one weekend, one week or any other variation.
- If selected to participate in the curriculum evaluation initiative, participant workbooks must be mailed after class completion to Texas A&M Health Science Center, School of Rural Public Health in College Station within 10 days of completion of a class.
- Course reporting information must be sent to the Texas Department of Health within 10 days of completion of a class.
- Program materials may not be altered without prior approval of either TDH/TYTAP program staff or the curriculum developers. You will be expected to deliver the curriculum in the manner you were trained.
- Failure to follow protocol can result in suspension or termination of your certification.

Applications for the following classes should be sent to:

- December 2-3, 2003, Abilene
Helen Wilson
Lone Star Tobacco Education Program
522 South Second
Haskell, Texas 79521
Phone: 940-864-5188
Fax: 940-864-5377
- February 11-12, 2004, Beaumont
Martha Simien
Beaumont Public Health Department
5745 Springdale
Beaumont, Texas 77708
Phone: 409-832-4000
Fax: 409-832-4270
- April 20-21, 2004, El Paso
Claudia Garcia
San Vicente Community Health Center
8061 Alameda Ave.
El Paso, Texas 79915
Phone: 915-859-7545
Fax: 915-859-9862
- Early July 2004, Tyler
(Exact dates TBA)
Jeanne Davidson
Smith County Public Health Department
315 N. Broadway, Ste. 404
Tyler, Texas 75702
Phone: 903-535-0028
Fax: 903-535-0029

For other questions, please contact:

Barry Sharp, MSHP, CHES
Education Specialist
Bureau of Chronic Disease and Tobacco Prevention
Texas Department of Health
Austin, Texas 78756
Phone: 512-458-7402
Fax: 512-458-7240
Email: tytap@tdh.state.tx.us

Texas Youth Tobacco Awareness Program
Application for Instructor Training

Training Location: _____

Name: _____
 First MI Last

Social Security #: _____ Driver's License #: _____

Title and Job Description: _____

Agency/Organization: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

At which address do you wish to receive correspondence? _____ Business _____ Home

Have you experience in: (Y/N; if yes, please explain). If needed, please attach additional page.

_____ Tobacco Cessation program administration _____

_____ Teaching _____

_____ Tobacco Education _____

_____ Working with Adolescents _____

_____ Additional experience/background beneficial for application _____

EDUCATIONAL BACKGROUND: (High School and/or College/University attended)

Name of School Degree Awarded Major/minor Dates Attended (from-to)

PROGRAM INFORMATION:

After completion of training, the program will be conducted through:

Agency Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Fax: _____

Cities/Areas of State you will be conducting classes: _____

Please explain why you would like to become a facilitator of this program:
(If needed, please attach additional page)

Send completed application materials to the appropriate address listed on the attached memo.

Notification of acceptance will be in writing. Maps and other information will be provided to persons selected. Participant or sponsoring agency/organization with whom you are working must pay all fees, travel, meals, lodging, and any other expenses related to attending the training.

I have read and agreed to the conditions herein should I be accepted.

Applicant Signature _____ Date _____

AFFIDAVIT

You must sign this affidavit, have it notarized and enclose it with your application packet of materials (application, resume, copies of licenses and certifications, etc.).

I acknowledge the following:

- I do not use tobacco, and have not used tobacco for at least the past year.
- I have not been convicted of a felony or a substance abuse related misdemeanor including DWI, possession or public intoxication.
- I am willing to participate in drug screening if requested.
- I am willing to participate in the program evaluation sampling process and return student workbooks and other course materials as requested.
- Abide by protocols as outlined by the Texas Department of Health.

Name _____ Signature _____

SUBSCRIBED AND SWORN TO before me, this _____ day of
_____, 20_____.

Notary Public in and for the State of Texas.

My commission expires: _____

**TO KNOWINGLY MAKE A FALSE STATEMENT WILL RESULT IN THE DENIAL OR
REVOCATION OF YOUR CERTIFICATE.**